

Medical History (Medication, Family History): _____

Sleeping Habits: _____

Hot/Cold: _____

Bowl Movement: _____

Urination: _____

Energy/Tiredness: _____

Memory/ Concentration: _____

Sweating: _____

For Therapist use only

General Systems Assessment: Head, Neck, Cardiovascular, muscles and Joints, Respiratory System, Eyes, Ears, Nose/Throat/Mouth, Digestive, Skin.

For Women Only/ For Men Only

Pulse: .
Tongue

Stomach diagnose

Back diagnose